# SWAFFHAM URBAN DISTRICT COUNCIL

# ANNUAL REPORT
of the
# MEDICAL OFFICER OF HEALTH
together with the
# REPORT
of the
# PUBLIC HEALTH INSPECTOR
# 1967

## STAFF

Medical Officer of Health : A. Afnan, M.D., D.L.O., D.P.H., L.A.H.
Public Health Inspector : J. Miles, M.Inst.H.E., C.R.S.I.
Public Health Inspector : R.H.W. Rayner, M.A.P.H.I.

## COMMITTEES concerned with matters of PUBLIC HEALTH

Finance and General Purposes Committee
Housing Committee
Water Supplies and Sewerage Committee

## GENERAL STATISTICS

Area in Acres : 7,592
Population (estimated at mid-year by Registrar-General) : 3,590
Number of Inhabited Houses : 1,416
Rateable Value : £123,349
Product of 1d Rate : £505

# URBAN DISTRICT COUNCIL OF SWAFFHAM

## ANNUAL REPORT OF MEDICAL OFFICER OF HEALTH, 1967

Mr. Chairman and Members,

I have the honour to present to you my Annual Report on the health services of the district for the year 1967.

### INTRODUCTION :

The Registrar General's mid-year estimate of population was 3,590. There were 60 live births of which 1 was illegitimate.

During the year there were 60 deaths and the adjusted death rate is 12.8.

The way we die is often a consequence of the way we live. This is shown in the recent statistics of the World Health Organisation dealing with the ten leading causes of death in highly industrialised and in developing countries.

In a group of 23 mainly industrialised countries, nearly 70% of all deaths are due to diseases of the heart and blood vessels, to cancer and accidents.

In a group of mainly developing countries, infectious and parasitic diseases rank as the principal cause of death. Chief among them are diseases of the gastro-intestinal tract which account for the majority of diagnosed deaths in most of the 17 countries studied by the W.H.O. in Africa, Southern and Central America and Asia.

Influenza and pneumonia form other important causes, as do accidents. I make no apology for coming back to the topic of smoking. Lung cancer caused through smoking is one of the great public health problems of our time and we are not doing enough to solve it.

The tobacco manufacturers may have made a serious tactical error when they failed to present to the Minister of Health an agreed plan to curb promotion, including gift coupons.

The proposed tar-free cigarettes may actually be more dangerous if, as some suspect, the carcenogen is in the gaseous or volatile component of cigarette smoke rather than the tar.

With much of the nicotine removed in the tar filter, the nicotine addict will smoke more cigarettes to obtain satisfaction, and thus inhale more carcenogen.

Air pollution, particularly from internal combustion engines, could not be blamed, as the sharp rise in mortality began before the use of the petrol engine and long before diesel fuel. Garage workers, traffic policemen and others who come into frequent contact with engine fumes showed no higher incidence, and the Channel Islands and Finland with very little air pollution showed the highest incidence in the world.

As the most recent report of the National Society for Clean Air has pointed out, and as has been known and accepted medically for many years, the most hazardous gaseous effluent from motor vehicles is carbon monoxide. There may be many others, but this one is known and can be dealt with.

Carbon monoxide is toxic because it combines readily with haemoglobin in the bloodstream in place of oxygen, producing early symptons of headache, sickness and dizziness.

Other exhaust emissions, such as unburnt and cracked hydrocarbons, not only take part in photochemical smog reactions, but also have narcotic effects.

In 1965 petrol-driven vehicles in Britain emitted five million tons

of carbon monoxide into the atmosphere, which, with the additional 80,000 tons from diesel driven vehicles, led to local concentrations in open streets which were much higher than the permitted industrial maximum for this narcotic and toxic gas.

Instances are given where, in London, at pavement level the carbon concentration reached 360 parts per million compared with 100 parts per million as an industrial maximum for an eight hour exposure. The recommended maximum in the U.S.A. is 50 parts per million.

Diesel engines only emit carbon monoxide when they smoke, but petrol engines exhaust gases always contain it. It is possible to cut vehicle exhaust pollutants down to half their present level simply by better engine design and by better carbonation. If this were done on new vehicles now, we might expect to see some improvement in the general situation in five or ten years time. Exhaust gas analysis and carburettor adjustment should be included in annual car tests.

At the moment no British petrol-driven vehicle is clean enough to be sold in California. It seems probable that, in future, similar restrictions will be enforced in European countries.

The way is wide open for the establishment of European Standards and for ministerial action to limit this most serious aspect of vehicle air pollutien.

Accidents in the home are the equivalent, in public health terms, of a major epidemic. Domestic accidents are a cause of death comparable in extent with tuberculosis, yet we respond to the threat of tuberculosis however small with far more vigour than we do to a comparable threat of accidental death or injury.

An example of the seriousness of accidents is afforded by Scotland. There the number of life years lost as a result of domestic accidents in 1959 was more than two and a half times the number lost through tuberculosis.

In Great Britain, for example, it was found in 1950 that 35,000 children per year under two years of age - or one in 40 - received medical treatment for accidents.

In 1962, in England and Wales, 3,200 people died from falls in the home, 85% of whom were aged 65 years or more. Two-thirds of them were women. Burns are another major cause of accidents. Poisoning stands third in importance as a cause of fatal domestic accidents in developed countries. Other potent sources of accidents include drowning, suffocation, firearms, electric tools (electric drills and kitchen mixers, etc.) and broken glass. Injudicious drinking can be dangerous even in the home.

A study by a Life Insurance Company of persons aged 15 to 64 who died in home accidents during 1964-65, showed that about a seventh of 537 males and a fifth of 310 females were found to have been drinking.

In some countries the law probably remains the communitys most efficient weapon against accidents in the home, prescribing minimum safety standards for building materials and household equipment, and designing more general public health regulations to make the environment safe.

The capacity of the individual to estimate risks and behave accordingly can be improved by training. Teaching of homecraft could be extremely helpful in enabling adolescents to learn the hazards associated with running a household.

In many cases, defective sight or hearing need to be corrected before training in the avoidance of accident risks can be attempted. Provision of spectacles and all-frequency hearing aids, and of facilities for surgical operations, are essential.

Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

https://archive.org/details/b30151041

The Health Visitor can play a vital role in pointing out hazards in the home and having them corrected.

While excitement follows on excitement as heart transplant succeeds heart transplant, some important triumphs are on the way in what we might begin to call conventional medicine, especially preventive medicine.

Injections of gamma globulin to prevent haemolytic diseases of the newborn is becoming a routine procedure. This method has been well proved in trials in centres in different parts of the world. British research in the Liverpool Medical School has made a major contribution to this.

Mumps vaccine made from attenuated virus under trial in the United States is claimed to give 95% protection on challenge with natural mumps.

Rubella vaccine, also from an attenuated live virus, should soon be well on the way for general use.

The most unexpected development probably is the prospect of an antistreptococcal vaccine. It is hoped it might make an important contribution to solving the problem of rheumatic fever.

With the Government's "Package" of cuts it was announced that the supply of milk to children in Secondary Schools would cease altogether.

The effect of this cut, in terms of total public expenditure may seem trivial, but its social cost may well exceed that of any other item in the Package. Certainly it is a cut which will be received with concern by all who have studied the importance of milk in promoting the health and growth of children at school. For they regard the school milk scheme as a form of preventive medicine whose value, especially to those in early adolescence, is out of all proportion to its cost.

Professor John Yudkin, Professor of Nutrition at Queen Elizabeth College, London, is making a study of a group of children aged 11 in a London school, in what certainly cannot be described as a poor area. He had not only found that the dental health of children was better in those taking more milk, but there was also the suggestion, which he is seeking to confirm in a larger study, that those taking more milk were less frequently absent from school. But much the most interesting finding of his study related to the large number of children who have no breakfast, not even cornflakes, bread or toast. About one quarter of the boys and one-third of the girls thus went as much as 18 hours with no solid food in the period from their afternoon tea to the next day's lunch. The study made it clear that the nutritional state of the children would be even less satisfactory if they were also to be deprived of the possibility of obtaining milk at school.

Professor Yudkin says, "there are many ways in which children can obtain the diet necessary to promote health and proper growth, but the simplest and most economic way of ensuring this is to make certain they have a good supply of milk each day. My personal view is that the Government's investment in school milk is paying excellent dividends".

The dividends increase with the size of family. The National Food Survey has demonstrated that in families with one child an average of 27% of milk consumed per head is obtained through the welfare and school milk schemes. In families of 2, 3 and 4 children, the figures are 36, 40 and 47%. For many poorer families, the welfare and school milk schemes undoubtedly provide much higher percentages of their total consumption.

The National Food Survey also provides statistical proof of the vital importance of milk as a source of protein and calcium to families with 3 or 4 children where, as in so many cases, the nutritional value of their diet falls below the recommended allowance.

In conclusion, I gratefully acknowledge the kind assistance rendered to me by the Public Health Committee and have pleasure in expressing my thanks to all members of the department for their loyal and efficient service.

I have the honour to remain, Mr. Chairman and Members, your obedient servant.

A. Afnan.

# SWAFFHAM URBAN DISTRICT

## Table 1 : GENERAL STATISTICS

| | |
|---|---|
| Area in Acres | 7,592 |
| Estimated Resident Population | 3,590 |
| Rateable Value | £123,349 |
| Sum produced by a Penny Rate | £505 |

## Table 2 : LIVE BIRTHS

| | Males | Females | Total |
|---|---|---|---|
| Legitimate | 30 | 29 | 59 |
| Illegitimate | - | 1 | 1 |
| Totals | 30 | 30 | 60 |

Live Birth Rate per 1,000 of estimated Resident Population :-

Crude 16.3
Adjusted 14.5

## Table 3 : STILL BIRTHS

| | Males | Females | Total |
|---|---|---|---|
| Legitimate | - | - | - |
| Illegitimate | - | - | - |
| Totals | - | - | - |

Still Birth Rate per 1,000 total births = NIL

## Table 4 : TOTAL BIRTHS

| | Males | Females | Total |
|---|---|---|---|
| Live | 30 | 30 | 60 |
| Still | - | - | - |
| Totals | 30 | 30 | 60 |

## Table 5 : INFANT DEATHS

(a) Infant Mortality (Deaths of Infants under 1 year)

| | Males | Females | Total |
|---|---|---|---|
| Legitimate | - | 1 | 1 |
| Illegitimate | - | - | - |
| Totals | - | 1 | 1 |

Infant Mortality Rates :

Total = 17 (per 1,000 live births)

(b) Neo-Natal Mortality (Deaths of Infants during first four weeks)

| | Males | Females | Total |
|---|---|---|---|
| Legitimate | - | 1 | 1 |
| Illegitimate | - | - | - |
| Totals | - | 1 | 1 |

Neo-Natal Mortality Rate (per 1,000 live births) = 17

## Table 5 : (c) Early Neo-Natal Mortality
(Deaths of Infants under one week)

| | Males | Females | Total |
|---|---|---|---|
| Legitimate | - | 1 | 1 |
| Illegitimate | - | - | - |

Early Neo-Natal Mortality Rate (Per 1,000 live births) = 17

## Table 5 : (d) Perinatal Mortality
(Still Births and Deaths under one week)

| | Males | Females | Total |
|---|---|---|---|
| Legitimate | - | 1 | 1 |
| Illegitimate | - | - | - |

Perinatal Mortality Rate (per 1,000 total births) = 17

## Table 6 : ILLEGITIMATE BIRTHS

Males - 0 : Females - 1 : Total - 1
= 17% of total Live Births.

## Table 7 : MATERNAL DEATHS (including abortion) = NIL

Maternal Mortality Rate (per 1,000 total births) = NIL

## Table 8 : DEATHS (All Ages)

| Males | Females | Total |
|---|---|---|
| 30 | 30 | 60 |

Crude Death Rate (per 1,000 of estimated Resident Population) : 16.3
Adjusted Death Rate (per 1,000 of estimated Resident Population) : 12.8

## Table 9 : CAUSE OF DEATH OF INFANTS UNDER ONE YEAR

| | Males | Females | Total |
|---|---|---|---|
| Other Heart Diseases | 1 | - | 1 |
| Bronchitis | 1 | - | 1 |
| Other Infective and Parasitic Diseases | - | - | - |
| Other defined and ill-defined Diseases | - | - | - |
| Congenital malformations | - | - | - |
| Other dieases of respiratory System | - | - | - |
| Accidents | - | 1 | 1 |
| Totals | 2 | 1 | 3 |

## TABLE 10 : NOTIFICATION OF DEATH RECEIVED DURING THE YEAR
(According to Age Groups)

| | Males | Females | Total |
|---|---|---|---|
| Under 4 weeks | - | 1 | 1 |
| 4 weeks and under 1 year | - | - | - |
| 1 year and under 5 years | 2 | 1 | 3 |
| 5 years and under 15 years | - | - | - |
| 15 years and under 25 years | 1 | - | 1 |
| 25 years and under 35 years | - | - | - |
| 35 years and under 45 years | 1 | - | 1 |
| 45 years and under 55 years | - | - | - |
| 55 years and under 65 years | 4 | 4 | 8 |
| 65 years and under 75 years | 10 | 3 | 13 |
| 75 years and over | 12 | 21 | 33 |
| Totals | 30 | 30 | 60 |

## TABLE 11 : CAUSE OF TOTAL DEATHS (Registrar-General)

| | | Males | Females | Total |
|---|---|---|---|---|
| 1 | Tuberculosis, respiratory | - | - | - |
| 2 | Tuberculosis, other | - | - | - |
| 3 | Syphilitic disease | - | - | - |
| 4 | Diphtheria | - | - | - |
| 5 | Whooping Cough | - | - | - |
| 6 | Meningococcal Infection | - | - | - |
| 7 | Acute Poliomyelitis | - | - | - |
| 8 | Measles | - | - | - |
| 9 | Other Infective and Parasitic Diseases | - | - | - |
| 10 | Malignant Neoplasm, Stomach | - | 2 | 2 |
| 11 | Malignant Neoplasm, lungs, bronchus | 2 | - | 2 |
| 12 | Malignant Neoplasm, breast | - | 4 | 4 |
| 13 | Malignant Neoplasm, uterus | - | - | - |
| 14 | Other Malignant and Lymphatic Neoplasms | 4 | 2 | 6 |
| 15 | Leukemia, Aleukemia | - | 1 | 1 |
| 16 | Diabetes | - | - | - |
| 17 | Vascular lesions of nervous system | 6 | 5 | 11 |
| 18 | Coronary disease, angina | 8 | 4 | 12 |
| 19 | Hypertension with heart disease | - | - | - |
| 20 | Other heart diseases | 1 | 3 | 4 |
| 21 | Other circulatory diseases | 1 | 1 | 2 |
| 22 | Influenza | 1 | - | 1 |
| 23 | Pneumonia | 1 | 2 | 3 |
| 24 | Bronchitis | 3 | - | 3 |
| 25 | Other diseases of respiratory system | - | - | - |
| 26 | Ulcer of stomach and duodenum | 1 | - | 1 |
| 27 | Gastritis, enteritis and diarrhoea | - | 1 | 1 |
| 28 | Nephritis and Nephrosis | - | - | - |
| 29 | Hyperplasia of prostate | - | - | - |
| 30 | Pregnancy, childbirth and abortion | - | - | - |
| 31 | Congenital malformations | - | - | - |
| 32 | Other defined and ill-defined diseases | - | 2 | 2 |
| 33 | Motor vehicle accidents | 1 | - | 1 |
| 34 | All other accidents | 1 | 3 | 4 |
| 35 | Suicide | - | - | - |
| 36 | Homicide and operations of war | - | - | - |
| | Totals | 30 | 30 | 60 |

## TABLE 12 : COMPARISON WITH PREVIOUS YEARS

| | 1967 | 1966 | 1965 | 1964 | 1963 |
|---|---|---|---|---|---|
| Estimated population | 3590 | 3490 | 3390 | 3290 | 3250 |
| Total Births | 60 | 47 | 54 | 56 | 56 |
| Total Deaths | 60 | 50 | 65 | 63 | 44 |
| Birth Rate (Crude) | 16.3 | 13.4 | 15.3 | 16.6 | 17.2 |
| Death Rate (Crude) | 16.3 | 17.17 | 16.1 | 19.0 | 13.4 |
| Infant Deaths | 1 | 2 | 2 | Nil | Nil |
| Infant Mortality Rate | 17.0 | 42.5 | 33.4 | Nil | Nil |
| Stillbirths | Nil | Nil | 2 | 1 | Nil |

## TABLE 13 : NUMBERS OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES

| | Under 1 | 1 | 2 | 3 | 4 | 5-9 | 10-14 | 15-24 | 25-44 | 45-64 | 65+ | Age Unknown | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Scarlet Fever | | | | | | 2 | | | | | | | 2 |
| Whooping Cough | 1 | | | | | | | | | | | | 1 |
| Measles | | 1 | 1 | | 3 | 4 | | | | | | | 9 |
| Respiratory T.B. | | | | | | | | | | | 1 | | 1 |
| TOTALS | 1 | 1 | 1 | | 3 | 6 | | | | | 1 | | 13 |

## TABLE 14 : TUBERCULOSIS REGISTER

| Year | Respiratory | | | Other | | | Grand Total |
|---|---|---|---|---|---|---|---|
| | Male | Female | Total | Male | Female | Total | |
| 1967 | 6 | 5 | 11 | - | - | - | 11 |
| 1966 | 6 | 3 | 9 | - | - | - | 9 |
| 1965 | 6 | 3 | 9 | - | - | - | 9 |
| 1964 | 7 | 3 | 10 | - | - | - | 10 |
| 1963 | 7 | 3 | 10 | - | - | - | 10 |

## TABLE 15 : TETANUS IMMUNISATION - Health Area 6

| | Year of Birth | | | | | | Totals |
|---|---|---|---|---|---|---|---|
| | 1967 | 1966 | 1965 | 1964 | 1960-1963 | Others under Age 16 | |
| Primary | 267 | 376 | 54 | 14 | 37 | 74 | 822 |
| Booster | 15 | 139 | 223 | 56 | 205 | 450 | 1088 |
| TOTALS | 282 | 515 | 277 | 70 | 242 | 524 | 1910 |

## TABLE 16 : DIPHTHERIA IMMUNISATION - Health Area 6

| | Year of Birth | | | | | | Totals |
|---|---|---|---|---|---|---|---|
| | 1967 | 1966 | 1965 | 1964 | 1960-1963 | Others under Age 16 | |
| Primary | 267 | 375 | 54 | 13 | 30 | 38 | 777 |
| Booster | 14 | 138 | 219 | 53 | 196 | 342 | 962 |
| TOTALS | 281 | 513 | 273 | 66 | 226 | 380 | 1739 |

## TABLE 17 : WHOOPING COUGH IMMUNISATION - Health Area 6

| | Year of Birth | | | | | | Totals |
|---|---|---|---|---|---|---|---|
| | 1967 | 1966 | 1965 | 1964 | 1960-1963 | Others under Age 16 | |
| Primary | 261 | 371 | 53 | 13 | 15 | 5 | 718 |
| Booster | 12 | 126 | 208 | 48 | 68 | 20 | 482 |
| Totals | 273 | 497 | 261 | 61 | 83 | 25 | 1200 |

## TABLE 18 : SMALLPOX VACCINATION - Health Area 6

| Age at Date of Vaccination | Numbers Vaccinated | Numbers Re-Vaccinated |
|---|---|---|
| 0 - 3 Months | 8 | - |
| 3 - 6 Months | 1 | - |
| 6 - 9 Months | 7 | - |
| 9 -12 Months | 3 | - |
| 1 Year | 226 | - |
| 2 - 4 Years | 151 | 5 |
| 5 -15 Years | 45 | 76 |
| Totals | 441 | 81 |

## TABLE 19 : ORAL POLIOMYELITIS - Health Area 6

| | Year of Birth | | | | | | Totals |
|---|---|---|---|---|---|---|---|
| | 1967 | 1966 | 1965 | 1964 | 1960-1963 | Others Under Age 16 | |
| Primary | 239 | 390 | 60 | 20 | 27 | 8 | 744 |
| Booster | 18 | 57 | 38 | 9 | 325 | 59 | 506 |
| Totals | 257 | 447 | 98 | 29 | 352 | 67 | 1250 |

# SWAFFHAM URBAN DISTRICT COUNCIL

## PUBLIC HEALTH INSPECTOR'S REPORT FOR THE YEAR 1967

### HOUSING

Although no houses were built by the Council during 1967, this was a year of record achievement in many ways for, in consequence of good forward planning in previous years, a record number of new houses were built by private enterprise, on estates where development had been made possible by the provision of public services. The number of privately built houses more than doubled to a total of 143.

Site works at Haspalls Road, Globe Hill and Theatre Street were brought to the point where the Council were able to seek tenders for 36 dwellings, varying in type from three-bedroom houses to single-bedroom flats. Comprehensive improvement schemes were also authorised for the houses in Queen Street and Spinners Lane and by the end of the year, most of this work had been completed.

Improvement Grants were made in three instances in pursuance of the Council's policy to encourage owners to preserve older houses wherever possible in an urban community where any demolition may well detract from the street scene. Only one Demolition Order was made and four Closing Orders. Slum clearance, as such, would not be applicable in Swaffham where a concentrated effort was made a few years ago to deal with all the outstanding areas suitable for collective treatment.

### SEWERAGE AND SEWAGE DISPOSAL

After many years and countless disappointments it is extremely gratifying to be able to record the fact that in December 1967, tenders were received for a completely new sewage disposal works - a scheme which has been brought into being through the admirable collaboration of this Council, the Norfolk County Council, the Ministry and our Consultants. In order to preserve some element of the characteristic pessimism of previous reports on this subject, the picture would not be complete without some reference to the serious surcharging of the old sewers on the eastern fringe of the built-up area. This problem has been further aggravated by the building of two new estates in this area and the frequency of these sewer surcharges is now quite intolerable. The Council has resolved to give this matter the highest priority and it is to be hoped that the scheme, already in draft, will be carried out simultaneously with the main contract.

For the first time, the Council agreed to enter into a contract for the collection and disposal of night soil, and thereby bring about a psychological success for, whereas under the old method of doing this miserable task by direct labour in the very early hours of the morning the reality of the situation was, to a large extent, disguised from the public, the same work done in the light of day brought about a full recognition of the primitive nature of the system and a steady progress towards conversion to main drainage has begun.

At the time of the preparation of this report, the number of pail closets has been reduced to 70.

### WATER SUPPLY

The hopes of last year were fully confirmed by events and the new water tower of 400,000 gallon capacity was virtually completed during 1967. The Council accepted, in principle, the need to extend the ring main (started in 1966) of 8" diameter in an arc around the northern part of the town where some industrial development has been added to the existing built-up area which is still supplied by mains of only 3" diameter.

The mains distribution network was supplemented by extensions to Southlands, Greenhoe Place, Adastral Place, Couhé Close and Mill Farm Nurseries.

Consistently good bacteriological reports were received on frequent samples sent for test to the Public Health Laboratory Service. The latest report from the Public Analyst reads as follows :

" Lincolne Sutton and Wood Ltd.

Cert. No. U.207
Lab. No. 4430/W

15th November 1967

CERTIFICATE OF ANALYSIS OF WATER

Sample received 31st October 1967 from Swaffham U.D.C.

Marked Lynn Street Waterworks, Swaffham

Appearance when received Clear

Nature of Deposit Nil

Colour Nil Odour Nil

Reaction Faintly alkaline pH 7.6 Taste Satisfactory

RESULTS OF CHEMICAL ANALYSIS IN PARTS PER MILLION

| | | | |
|---|---|---|---|
| Ammoniacal nitrogen | 0.01 | Hardness as $CaCO_3$ : | |
| Albuminoid nitrogen | 0.01 | Total | 375 |
| Nitrate nitrogen | 17 | Carbonate (temporary) | 280 |
| Nitrite nitrogen | nil | Non-carbonate (permanent) | 95 |
| Chloride as Cl | 42 | Alkalinity as $CaCO_3$ | 230 |
| Permanganate Value (4 hr.) | 0.2 | | |
| | | Free carbon dioxide | 20 |
| | | Total solids (at 180° C) | 565 |
| | | Iron (total) | 0.02 |
| | | Metals in solution (lead, copper, zinc) | nil |

OPINION

This water is of very good organic quality and there is no chemical evidence of pollution. The total hardness is about 26° Clark, about 20° of which is temporary. The reaction is on the alkaline side of neutrality and this water would not be expected to have any solvent action on metals. In our opinion this water is suitable for drinking and general purposes. "

## FOOD HYGIENE

A large abattoir and a thriving market is somewhat unusual in a town of Swaffham's population, and is an additional and rather exacting responsibility. Mr. Rayner, who is largely responsible for the maintenance of the 100% standard of meat inspection, makes the following comment :-

" The Meat Inspection statistics reveal yet again an upward trend in the number of animals affected with non-tubercular diseases.

With the exception of the occasional ox and pigs head which is found to be affected with Tuberculosis, the disease is now rarely seen in its classical manifestations.

Parasitic diseases account for the biggest proportion of condemnations, of which FASCIOLA HEPATICA heads the list. Many of the affected cattle are thought to be of Irish origin, the disease probably being present in the animals when purchased as calves.

A slight increase was also noted in the incidence of ASCARIS LUMBRICOIDES in pigs and to a still smaller degree CYSTICERCUS

TENUICOLLIS in sheep, although the overall condemnation figure for sheep and lambs is lower than in 1966.

The general picture is one of disappointment, since each succeeding year seems to bring about an increase in the total weight of protein condemned for disease of relatively minor significance. "

## OFFICES & SHOPS ACT, 1963

Nearly all registered premises have been inspected for the second time, and in a few cases some improvements have been found necessary. These have always been secured by informal action.

It may seem strange that in a district where we know by name every shopkeeper in or close to the Market Place, the register of premises is never complete, due entirely to the fact that after the first barrage of publicity, few realise their responsibility to register their office or shop under this Act. One would have thought that a little of the money spent on recent advertising by the Post Office could, with more success and advantage, have been devoted to this purpose. Life is so much easier when the initiative comes from the public rather than the public servant.

## PEST CONTROL

Although the arch-enemy is still the rat, pigeons are fast becoming a major problem in urban areas. In both matters we are fortunate in having experienced and willing helpers in the Norwich office of the Ministry of Agriculture, and by our joint efforts we persuade ourselves that we have the upper hand in the struggle.

## ESTABLISHMENT

The report is a very sketchy record of activity in the field of environmental health and allied services, but it will be clear to any reader that Swaffham is expanding in a most encouraging fashion without recourse to extraneous agencies of the over-spill type. The Council has wisely planned its services to cater for a primarily residential development, but ample provision has been made for the sort of industries suited to the neighbourhood and to the local culture.

Our responsibility in this endeavour calls for a blend of experience and youthful energy. My colleague and helper, Mr. Rayner, could not have come to Swaffham at a more propitious time for the town or for myself. I am sure his work is appreciated by both.

JOHN MILES

Chief Public Health Inspector

## PUBLIC HEALTH INSPECTOR'S REPORT FOR THE YEAR 1967

## PUBLIC HEALTH INSPECTION OF AREA

| Item | Description | Inspections | Notices Served | Nuisances Abated |
|---|---|---|---|---|
| 1 | Offices, Factories and Workshops | 32 | - | - |
| 2 | Bakehouses, Foodshops, Markets and Abattoir | 331 | - | - |
| 3 | Housing Defects (Housing Act, 1957) | 25 | 1 | 1 |
| 4 | Middens, Ashpits and Bins (Public Health Act 1936) | 2 | - | - |
| 5 | Infectious Diseases | 4 | - | - |
| 6 | Dangerous Buildings | 2 | - | - |
| 7 | Rodent Control (Pests Act, 1949) | 44 | - | - |
| 8 | Tents, Vans, Sheds, etc. | 6 | - | - |
| 9 | Water Supply | 28 | - | - |
| 10 | Drains, Cesspools, Vaults Pail and Water Closets and Drainage of Premises | 206 | - | - |
|  | TOTALS | 680 | 1 | 1 |

NOTE: Council house inspections are not included in this table, and though meat inspections call for two or three visits per day to the same Slaughterhouse, this is recorded as a single inspection in the summary.

## PUBLIC HEALTH INSPECTOR'S REPORT FOR YEAR 1967

## CARCASES INSPECTED AND CONDEMNED

| Item | Description | Cattle | Calves | Sheep and Lambs | Pigs | Total |
|---|---|---|---|---|---|---|
| 1 | Number killed and inspected | 5,312 | 1 | 10,645 | 13,957 | 29,915 |
| 2 | All Diseases Except Tuberculosis<br>Whole Carcases condemned | - | - | - | 1 | 1 |
| 3 | Carcases of which some part or organ was condemned | 2,224 | - | 402 | 1,861 | 4,437 |
| 4 | Percentage of the number inspected affected with a disease other than Tuberculosis ignoring broken legs or tissues defective from fighting, fences, etc. | 41% | 0% | 3.7% | 13.3% | 15% |
| 5 | Tuberculosis only<br>Whole Carcases condemned | - | - | - | - | - |
| 6 | Carcases of which some part or organ was condemned (taking into account that the offal, head and tongue etc. may be parts of one animal). | 7 | - | - | 271 | 278 |
| 7 | Percentage of the number inspected affected with Tuberculosis | .13% | 0% | 0% | 1.9% | .9% |
| 8 | Average number of animals slaughtered per week | 102.1 | .02 | 204.6 | 268.5 | 575.4 |
| 9 | Percentage examined by the Meat Inspector | 100% | 100% | 100% | 100% | 100% |

48 Carcases were found to be affected with Cystircercus Bovis during 1967. In each case the recommended cold storage treatment was carried out in the usual way.